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**FACSIMILE COVER PAGE**

**DATE:** August 28, 2004

**PTO IDENTIFIER:** Application Number 10/051,952  
Patent Number  
Inventor: Walker

**TO:** Mail Stop AF

**FAX NUMBER:** 703-872-9306

**FROM:** Greg S. Hollrigel

**PHONE:** 949-450-1750

**Attorney Dkt. #:** D2933-CIP

**PAGES** (Including Cover Sheet): 15

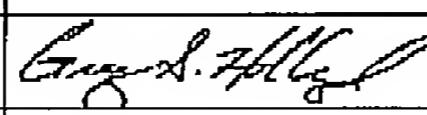
**CONTENTS:**

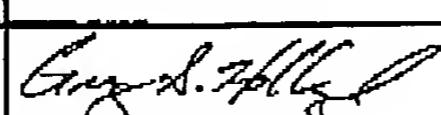
1. Transmittal form (1 page); and
2. Amendment & Exhibit A (13 pages).

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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/051,952
		Filing Date	January 17, 2002
		First Named Inventor	Walker
		Group Art Unit	1653
		Examiner Name	Kam
Total Number of Pages in This Submission	15	Attorney Docket Number	D2933-CIP

<b>ENCLOSURES (check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form (in duplicate)  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)  1. Facsimile Cover Page.  2. Exhibit A
Remarks _____		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual Name	Greg S. Hollrigel Registration No. 45,374
Signature	
Date	August 28, 2004

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9306, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Greg S. Hollrigel		
Signature		Date	August 28, 2004

AUG 28 2004

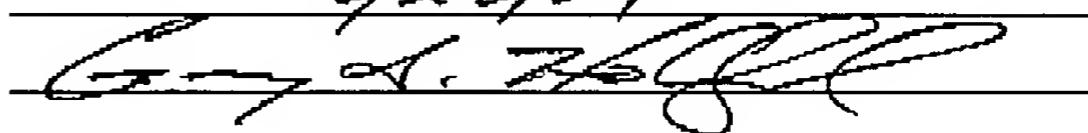
Appl. No. 10/051,952  
Reply to Office Action of May 28, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.	: 10/051,952	Confirmation No.	2757
Applicant	: Walker		
Filed	: January 17, 2002		
Title	: METHODS OF ADMINISTERING BOTULINUM TOXIN		
TC/A.U.	: 1600/1653		
Examiner	: Kam, C.M.		
Docket No.	: D-2933CIP		
Customer No.	: 33197		

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8/28/04



AMENDMENT

Sir:

In response to the Office Action of May 28, 2004, please  
amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims  
which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.